

Department of Insurance State of Arizona

Captive Insurance Division Telephone: (602) 912-8420 Fax: (602) 912-8421

JANET NAPOLITANO

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CHRISTINA URIAS

Director of Insurance

| | <u>Managemen</u> | t Firm Profile | |
|------|---|------------------------|-------------------|
| | (Manager | ment Firm) | _ |
| | (intimige) | | |
| | Address: | Tel: | |
| | | Fax: | |
| I. | List Principals, Key Employees and respecti | ve responsibilities. | |
| | | | |
| П. | What insurance licenses, if any, do employee | s have? | |
| | | | |
| | | | |
| III. | Have any employees been denied an individu canceled or revoked? If yes, describe details | | nd, or had a bond |
| | | | |
| | | | |
| IV. | List membership in Professional Societies an | d Associations. | |
| | | | |
| | | | |
| | | | |
| V. | Describe Captive Insurance experience of of | ficers and principals. | |
| | | | |
| | | | |

Captive 102 (03/02) Page 1 of 2

| Nam | es and Loc | ation of c | urrent capt | tives mana | ged: | | | | |
|--------------|---------------------------|-------------|---|---------------------------|-----------------------|----------------------------|------------|------------|--------------------------|
| publi | ic or gover | nmental a | s, has any e gency or re or revoked | egulatory a | authority | y, or has ar | ıy such li | | se by any d by you or |
| Has a of fee | any employ deral/state | vee ever be | een subject y agency? | to any dis If yes, ple | sciplinar ase desc | y proceedi ribe details | ngs of an | y profess | ional associat |
| List | | eferences v | within insu | rance indu | ıstry inc | luding add | lresses ar | nd telepho | one numbers. |
| Addı | | | | | | | | | |
| Phon | ne #: | | | | | | | | |
| Norn | nal busines | ss hours: | | | | | | | |
| | | | Day of | | | 20 | | | |
| ed Name | of Officer | /Principal | 1) | | | _ | | | |
| | Officer/Pri | | | | | _ | | | |

Captive 102 (03/02) Page 2 of 2